Exhibit B

Case 661076510W25-IPPC 7937625575 TO THE POST OF CLAIM LITERAL HILLIER HILLIER BANKRUPTCY COURT

		ES BANKRUPTCY COURT. RICT OF NEVADA	PRO	OOF OF CLAIM		AIM IS SCHEDULED AS:	
Name of Debtor:			Case Number:		Schedule/Claim	(1)	
USA Commercial Mortgage Company				06-10725-LBR		allon yr for fly seeds	
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address: LEWIS H FINE & ARLENE J FINE PO BOX 487 OAKLEY, UT 84055-0487				sched you ago other of this program the bankruptcy court or BMC Group in this case. Check box if this address allifers from the address on the	The amounts reflescheduled by the lyou agree with the other claim agains this proof of claim if the amounts st Unliquidated or I filed. If you have alr	If you have already filed a proof of claim with the	
Cre	Creditor Telephone Number ()			envelope sent to you by the court.	Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY		
Las	t four digits of account or	r other number by which creditor identifies	debtor:	Check here repla	ces a previously	y filed claim dated:	
1.8	ASIS FOR CLAIM Goods sold	D Paragonal into a structure of the state	Retiree l	benefits as defined in 11 U.S	.C. § 1114(a)	Unremitted principal	
-	Services performed	☐ Personal injury/wrongful death☐ Taxes☐		salaries, and compensation	(fill out below)	Other claims against service (not for loan balances)	
1	Money loaned	Other (describe briefly)		r digits of your SS #:		,	
	Wildley louried		Unpaid o	compensation for services pe	errormea from:	(date) to (date)	
2. D	ATE DEBT WAS INCUF	RRED:	3. IF C	OURT JUDGMENT, DATE (OBTAINED:	(date)	
		AIM. Check the appropriate box or boxes that	best describ	be your claim and state the amou	nt of the claim at th	e time case filed.	
1	ee reverse side for important	·		SECURED CLAIM			
		s no collateral or lien securing your claim, or b) yoperty securing it, or if c) none or only part of you		a right of setoff).		ured by collateral (including	
UNS	SECURED PRIORITY CI	AIM		Brief description of			
		an unsecured claim, all or part of which is		Real Estate		e L Other	
	entitled to priority.	•		Value of Collateral			
	Amount entitled to priority	*		Amount of arrearage a secured claim, if any:		at time case filed included in	
	Specify the priority of the cl. Domestic support obligation	aim: ns under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	_				
		ssions (up to \$10,000)*, eamed within 180 days		Up to \$2,225* of deposits towa services for personal, family, o			
\mathbb{H}		tcy petition or cessation of the debtor's		Taxes or penalties owed to go	vernmental units -	11 U.S.C. § 507(a)(8).	
	•	ee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable para			
	o a management to a management of	3 3 3 (2)(2),		* Amounts are subject to adjust with respect to cases commen			
	OTAL AMOUNT OF CLA	AIM \$\$		\$ 4.	583.35	\$ 4583.35	
	AT TIME CASE FILED: Check this box if claim incl	(unsecured) ludes interest or other charges in addition to th	,	secured) amount of the claim. Attach ite	(priority) emized statement	(Total) of all interest or additional charges.	
7. S	SUPPORTING DOCUMENTING DOCUMENTS. If the documents.	of all payments on this claim has been cre MENTS: Attach copies of supporting docu- cts, court judgments, mortgages, security cuments are not available, explain. If the PY: To receive an acknowledgment of the	<i>uments,</i> su agreemen documents	uch as promissory notes, pur ts, and evidence of perfectio s are voluminous, attach a su	chase orders, in n of lien. DO No ummary.	voices, itemized statements of OT SEND ORIGINAL	
f G	ACCEPTED) so that it is		BY HAND BMC Gro Attn: USA 1330 Eas	ng Pacific time, on Noveml ons, joint ventures, trusts a OR OVERNIGHT DELIVERY TO	ber 13, 2006 and :	THIS SPACE FOR COURT USE ONLY	
DAT		SIGN and print the name and little, if any, of the this claim (attach eopy of power of attorn	e creditor or		Tine		

Lase	(Case 66-10725-1619C Cash	PROOF OF CLAIM					
the transfer of the state of th			Coop Number		YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID s32570		
Name of Debtor:		Case Number:		Amount/Classifica			
USA Commercial M	ortgage Company	06-10725-LBR		\$1,894.08 Unsecured			
This form should not be used arising after the commenceme administrative expense may be not considered to the commencement of	129244900 G TRUST DATED 2/8/99 ADELLA TRUSTEE G DR BLDG 29 89144-4419	t of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Diaputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.			
Creditor Telephone Number (d alaba an	court.	THIS SPAC	E IS FOR COURT USE ONLY		
1. BASIS FOR CLAIM	other number by which creditor identifies		if this claim amer	s claim amends			
Goods sold	Personal injury/wrongful death		penefits as defined in 11 U.S		Unremitted principal		
Services performed	Taxes	_	salaries, and compensation r digits of your SS #:	(IIII OUT DEIOW)	Other claims against servicer (not for loan balances)		
Money loaned	Other (describe briefly)		compensation for services pe	erformed from:	to		
2. DATE DEBT WAS INCUR!	RED:	3. IF C	OURT JUDGMENT, DATE (OBTAINED:	(date) (date)		
4. CLASSIFICATION OF CLA See reverse side for important of	AIM. Check the appropriate box or boxes tha	t best descri	pe your claim and state the amou	nt of the claim at the	e time case filed.		
exceeds the value of the pro- entitled to priority. UNSECURED PRIORITY CL. Check this box if you have a entitled to priority. Amount entitled to priority of the cla	no collateral or lien securing your claim, or b) perty securing it, or if c) none or only part of your claim. AIM n unsecured claim, all or part of which is		a right of setoff). Brief description of Real Estate Value of Collateral	f collateral: Motor Vehicle : \$ Ind other charges :	at time case filed included in		
	sions (up to \$10,000)*, earned within 180 days	_	services for personal, family, o	or household use -11	U.S.C. § 507(a)(7).		
business, whichever is earlie	y petition or cessation of the debtor's ar - 11 U.S.C. § 507(a)(4). e benefit plan - 11 U.S.C. § 507(a)(5).		Taxes or penalties owed to go Other - Specify applicable pare * Amounts are subject to adjus with respect to cases commen	agraph of 11 U.S.C. stment on 4/1/07 and	§ 507(a) (). d every 3 years thereafter		
5. TOTAL AMOUNT OF CLA	im \$\$	2540	000,00\$		\$		
AT TIME CASE FILED: Check this box if claim inclu	(unsecured) ides interest or other charges in addition to t	•	secured) amount of the claim. Attach ite	(priority) emized statement o	(Total) of all interest or additional charges.		
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.							
The original of this comp ACCEPTED).	THIS SPACE FOR COURT USE ONLY						
BY MAIL TO: BMC Group Attn: USACM Claims Docl P. O. Box 911 El Segundo, CA 90245-09	11	OR OVERNIGHT DELIVERY TO: Jup ACM Claims Docketing Center to Franklin Avenue do, CA 90245					
DATE 5/29/07	SIGN and print the name and title, if any, of the		other person authorized to file				
Penalty for presenting fraudulent of	claim is a fine of up to \$500,000 or imprisonmen	nt for up to 5	years, or both. 18 U.S.C. §§ 15	2 AND 3571			

UNITED STATES BANKRUPTCY COURT		DDOOF OF OLAIM		I I I I I I I I I I I I I I I I I I I			
DISTRICT OF NEVADA	PROOF OF CLAIM		}				
DISTRICT OF NEVADA			YOUR CL	AIM IS SCHEDULED AS			
	Case Number		Schedule/Claim I	/ \ 0 .,			
USA Commercial Mortgage Company	06-10725-LBR		Amount/Classific				
			\$ 12,051 00 Uns e	cured /3, 3/ 2 7/			
NOTE See Reverse for List of Debtors and Case Numbers			Int fro	5/1/07 6150.			
This form should not be used to make a claim for an administrative exp		Check box if you are	3/1/06	846274			
arising after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503	of an	aware that anyone else has filed a proof of claim relating	i	ected above constitute your claim as			
			scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file.				
Name of Creditor and Address							
LEWIS H FINE & ARLENE J FINE PO BOX 487		BMC Group in this case	this proof of claim	EXCEPT as stated below			
OAKLEY UT 84055 0487				nown above are listed as Contingent, Disputed, a proof of claim must be			
			filed	,			
,		differs from the address on the	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again				
Creditor Telephone Number (43) 7640 - 0610		envelope sent to you by the court		CE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies	debtor	Chock bore repla	<u> </u>				
Clent ID 954 - Act ID 809		Check here of this claim amer	 a previously 	y filed claim dated			
1 BASIS FOR CLAIM	Datasa	amer		Unremitted principal			
Goods sold Personal injury/wrongful death		benefits as defined in 11 U S					
Services performed Taxes	_	salaries and compensation and additional salaries and compensation and additional salaries.	(IIII out below)	Other claims against servicer (not for loan balances)			
Money loaned		compensation for services pe	erformed from	to			
	•			(date) (date)			
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE (DBTAINED				
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descri	be your claim and state the amou	nt of the claim at th	e time case filed			
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM					
Check this box if a) there is no collateral or lien securing your claim or b) you	our claım			ured by collateral (including			
exceeds the value of the property securing it or if c) none or only part of your entitled to priority	r claım ıs	claim is a right of setoff) Z Brief description of collateral					
UNSECURED PRIORITY CLAIM		Real Estate		e Dother			
Check this box if you have an unsecured claim all or part of which is		3					
entitled to priority Amount entitled to priority (13 2/3 7/ (Live Tell	Princi	Value of Collateral		3/27/			
entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	· + 1.+	Amount of arrearage a secured claim if any		s at time case filed included in			
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	pegs	Up to \$2 225* of deposits toward		or rental of property or			
Wages salaries or commissions (up to \$10 000)* earned within 180 days	`	services for personal family of					
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go	vemmental units	11 U S C § 507(a)(8)			
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	حار	Other Specify applicable para	-				
		* Amounts are subject to adjust with respect to cases					
	erest f	crom 3/1/06 08 #615	50-	\$ 19462.74			
AT TIME CASE FILED (unsecured)	, (e	SECULOI)	(priority)	(Total)			
Check this box if claim includes interest or other charges in addition to the	ie principal	amount of the claim Attach ite	emized statement	of all interest or additional charges			
6 CREDITS The amount of all payments on this claim has been cred	dited and	deducted for the purpose of	making this proo	f of claim			
7 SUPPORTING DOCUMENTS Attach copies of supporting docu	<i>ıments</i> , sı	uch as promissory notes pur	chase orders, in	voices itemized statements of			
running accounts contracts court judgments, mortgages, security a DOCUMENTS If the documents are not available explain. If the country is a contract of the country and the country is a contract of the country and the country is a contract of the country is a country and the country is a country and the country is a country and the country is a country in the country is a country and the country and the country is a country and the country and the country is a country and the country and the country is a country and the country and the country is a country and the country are considered and the country				OT SEND ORIGINAL			
8 DATE-STAMPED COPY To receive an acknowledgment of the	e filing of y	your claim enclose a stampe	ed selfaddresse	ed envelope and copy of this			
proof of claim							
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 USE ONLY							
for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and							
governmental units) BY MAIL TO BY HAND OR OVERNIGHT DELIVERY TO							
1 40 110 61 61 61 6	BMC Gro	up ACM Claims Docketing Cente					
P O Box 911	1330 Eas	330 East Franklin Avenue					
		do CA 90245	de	=			
SIGN and print the name and title if any of the creditor or other person authorized wille this claim (attach copy of power of attorney if any)							
7/29/0/ 10 11- 01/ 15	1 1			Y			